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## LATE BREAKING NEWS

Greetings!

**NEW HCAP GRANTEEES:** The Healthy Communities Access Program welcomes our new HCAP grantees: Thirty-five communities across the country have joined us! Consortia of Health Centers, private providers, hospitals, public health departments, local governments, social service organizations, and faith and community-based organizations are among the many entities working together to develop and strengthen integrated community health care delivery systems for the uninsured and underinsured in these 35 communities in 19 states and the District of Columbia. New grantees received over \$34 million in fiscal year 2003 new HCAP funds. For a complete list of the 35 new HCAP grantees, please visit: <http://bphc.hrsa.gov/cap/sept03g.htm> or [www.capcommunity.hrsa.gov](http://www.capcommunity.hrsa.gov).

**JUST ANNOUNCED -- DATES FOR THE HCAP NATIONAL GRANTEE MEETING:** Mark your calendars! The HCAP National Grantee Meeting will be held in Washington, D.C. from January 20 through January 22, 2004. As stated in the HCAP guidance, attendance by two to four people from your consortium is mandatory. Further details will follow as they become available.

**STAFF UPDATE:** The Healthy Communities Access Program would like to welcome two new Project Officers to the team. Anthony Achampong and Amanda Ford will be taking over the HCAP Project Officer duties for Jayne Bertovich, Judy Oliver, and eventually Christie Brown. Jayne, Judy, and Christie will be shifting their skills and energy to the Integrated Services Development Initiative (ISDI), the Shared Integrated Management Information Systems (SIMIS) and Integrated Communications Technology (ICT) grantees, also health infrastructure programs in our Health Care Systems Branch. We are sad to see them leave the HCAP team, but are certain they will be working hard with their grantees to help strengthen integration of activities among health centers – which include some of your own partners. Our new Project Officers are excited about working with the HCAP community and are looking forward to meeting their grantees. Anthony will be the Project Officer for grantees in Tennessee, Iowa, Kansas, Missouri, Nebraska, and Arizona. Amanda will be the Project officer for grantees in Virginia, West Virginia, and

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North Carolina.

**DUNS NUMBER NEEDED TO APPLY FOR FEDERAL FUNDS AFTER OCTOBER 1, 2003:** The Office of Management and Budget has directed federal agencies to require all applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements on or after October 1, 2003. The number will be used for tracking purposes as well as to validate address and point of contact information. The DUNS number will be required whether an applicant is submitting a paper or an electronic application, and whether an applicant is applying for a new award or renewal of a current award. The current directive does not cover non-competing continuations, however, Phase II of the project will begin to cover those continuations in FY 2004. Therefore, all grantees are encouraged to obtain a DUNS number. Organizations can acquire a DUNS number at no cost by calling the toll-free DUNS number request line at 1-866-705-5711. Further information can be found in the Federal Register, located at: <http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2003/pdf/03-16356.pdf>.

**UPDATING PRIMARY & EVALUATION CONTACTS:** HCAP maintains one list of primary contacts for each grantee community. HCAP grantees may now update both their primary contact and evaluation contact information through the Data Management System (DMS), which will require using the same user ID and password they use to access the query tools and to print reports. Grantees will be able to view their current contact information and make any edits/updates to this information. In naming the primary contact, please select a person who checks their email frequently and will share any relevant information or materials with the rest of the CAP consortium members quickly and effectively. **For the 35 new HCAP grantees, if you have yet to do so, please submit your primary contact information to [lhubbard@synthesisps.com](mailto:lhubbard@synthesisps.com) as soon as possible as you do not yet have access to the DMS.**

**CARRYOVER AND PROJECT PERIOD EXTENSION REQUESTS:** A reminder that Financial Status Reports (FSR) are due to the Office of Grants Management within 90 days after the end of your Budget Period (Due on or before: November 30, 2003) and should reflect obligations only through 8/31/03 and nothing beyond that date. Any fund obligations made from 9/1/03 through 8/31/04 will be reported against your next FSR. **Note:** The 35 New HCAP grantees are not required to submit an FSR at this time. Requests for carryover of unobligated balances of Federal funds from the previous budget period (9/1/02-8/31/03) to cover allowable costs in the current budget period (9/1/03-8/31/04) should be submitted after or simultaneously with the submission of the FSR but prior to expenditure/obligation of the funds. Please contact your Project Officer for more information if you plan on requesting carryover and/or a project period extension (extensions are generally available for up to 12 months -- i.e. through 8/31/04 if applicable). Completed carryover requests, project period extension requests and FSRs should all be submitted to the Office of Grants Management at the address listed on your Notice of Grant Award.

Thanks!  
Diana & Amanda

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The logo for CAP TA CALLS features a blue house-shaped icon to the left of the text "CAP TA CALLS" in a bold, blue, sans-serif font.

### Technical Assistance Calls

Technical assistance calls for grantees are generally held every other Thursday from 2 to 3 PM EST. The schedule for October and November appears below. To register, search for summaries or materials from prior calls, or download materials for upcoming calls, please go to the CAP Website:

**[www.capcommunity.hrsa.gov](http://www.capcommunity.hrsa.gov)**. Please remember that the site is password protected. Grantees should contact their primary contact to receive the password. Once you register for the call, please be sure to download the materials that will be used during the call. You should immediately receive a confirmation note by email that includes the call-in number for the call. If you have difficulty registering or do not

receive the call-in number, please contact Shandy at [scampbell@mac1988.com](mailto:scampbell@mac1988.com) or call 301-468-6006 x437.

CAP TA Calls	
Date	Topic
October 30	<b>Ensuring Sound Information Systems Contracting</b>  This call will focus on the "do's" and "don'ts" of entering into information systems contract arrangements. Our featured speakers will be Carter Crafford and Will Gaud who have extensive experience as technical assistance resources for a number of BPHC infrastructure programs. Please do not miss this extremely valuable call!
November 6&13	<b>Other TA Options (Tentative)</b>  Further information to be announced via email and the Grantee website.
November 20	<b>Patient Visit Redesign</b>  This call will focus on Patient Visit Redesign, a method of improving the way you deliver care to your patients. Redesign creates a more patient-focused visit process that can reduce waiting times, increase health access point efficiency and productivity and improve staff and customer satisfaction. The call is critical for those planning to apply for new or additional redesign TA. The application for this TA option will be downloadable along with other materials for the upcoming call.

With the exception of calls related to legal issues, TA calls are summarized and posted on the CAP website ([www.capcommunity.hrsa.gov](http://www.capcommunity.hrsa.gov)). Legal issue briefs are posted on the site under legal issues. You may also request an audiotape copy of any previous calls (up to one month after the call) by contacting Shandy Campbell at the email above.

## GRANTEE NEWS

### **PATH**

*New Orleans, Louisiana*

The New Orleans HCAP, PATH (Partnership for Access to Healthcare) has made exciting progress towards the creation of a community of caring for the un- and underinsured of New Orleans. During the past six months, PATH has rolled out its web-based system called *CLIQ* (CLinical InQuiry). This system makes available real-time, patient-centered clinical results and reports from The Medical Center Of

Louisiana (MCL) database through an intuitively simple graphical user interface. Work continues on enhancements to this system that lay the

groundwork for its use to *actively* improve care provided through clinician reminders, decision support, and population-level disease management. *CLIQ* was developed with CAP funds starting in September of 2000, and deployed during the 2003 calendar year. Four PATH consortium members and four other community-based sites serving the under/uninsured are currently linked to the *CLIQ* system. More than 400 clinicians at these linked clinical locations access more than 1500 patient records and more than 6000 results and reports through *CLIQ* on a daily basis. Since July 1, 2003 more than 2000 unique clinicians have accessed patient results and reports via *CLIQ*. Perhaps the most dramatic account of *CLIQ*'s

success was reported by clinicians at the CHCs: Since the introduction of *CLIQ*, the availability of reports on procedures and tests performed at the MCL has increased from less than 20 percent delivered within 10 days to 100 percent accessible within 10 minutes.

The impact of this system is expected to be substantial. The MCL alone had more than 500,000 outpatient visits and 25,000 inpatient admissions in 2001. When the visits of patients to more than 15 community providers are added to those at MCL, the numbers potentially affected by these IS advancements are considerable. In addition, during the coming year, the State's Public Hospital system has committed resources to implement *CLIQ* in three other Louisiana communities where they serve a similar under/uninsured population in other medical centers. If all projections come to pass, *CLIQ* could improve the timeliness and quality of health care delivered to the 25 percent of the state's population that is served by the public hospital system. For more information on this program, please contact Clayton Williams at [cwilliams@lphi.org](mailto:cwilliams@lphi.org)

### **North Idaho Partners in Care**

*Coeur D'Alene, Idaho*

Congratulations to North Idaho Partners in Care for their role in helping to establish a new volunteer clinic in Bonner County and a mobile clinic to help provide health services to migrant workers. The Bonner Partners in Care Clinic is a not-for-profit clinic dedicated to providing health care to uninsured, low-income people in Bonner County. The focus of the clinic is on primary health care including high blood pressure and diabetes. The clinic is open one night a week and will treat clients on a first come first serve basis. The clinic will work with the county to help link clients with pharmacy assistance programs to ensure that they can access needed medications. Clients will be screened for financial eligibility and will pay for services accordingly. This volunteer clinic will help to increase accessibility to health care services for uninsured residents.

The mobile clinic that is operated by Boundary Regional Community Health Center and the North Idaho Rural Health Consortium, with support provided through the HCAP grant, began providing health care services to migrant workers at farms this summer. The mobile clinic has a doctor's exam room and a dental exam room. Migrant workers are often

uninsured, reluctant to seek health care, and lack access to services. The mobile clinic has provided an opportunity for migrant workers to seek care that was unattainable in the past. For more information about these programs, please contact Karen Cotton at [kcotton@kmcmail.kmc.org](mailto:kcotton@kmcmail.kmc.org)

### **Project Access**

*Wichita, Kansas*

Thanks to a unique partnership between the Wichita District Dental Society, the Wichita Community Foundation, the United Methodist Health Ministry Fund, the Knight Foundation Donor Advised Fund, the Kansas Health Foundation and Project Access, help is on the way to the estimated 3,000 people in Wichita that suffer from "acute dental pain" because they lack dental insurance or money to pay a dentist. In October, Project Access will launch a one-year project specifically designed to deliver donated dental services to approximately 600 qualified patients in Sedgwick County.

Working through direct referrals from hospital emergency rooms in the Wichita area, Project Access personnel will screen potential qualified individuals and refer them to area dentists. Each volunteer dentist will treat an average of twelve patients a year. According to the protocols established for the test project, treatment will cover basic care such as tooth extraction and fillings. All partners in the project agree the next logical step should be prevention activities, but eradicating tooth pain is the primary goal in the first phase of the project. The Project Access Dental Initiative will screen patients, schedule appointments and handle paperwork, mirroring its highly successful medical assistance project that has helped over 4,205 patients in the Wichita area. Grants from the Robert Wood Johnson Foundation and HRSA's Healthy Communities Access Program have funded Project Access' planning phase of this project. This initiative represents a new model in Kansas using an organized referral system of volunteer dentists responding to severe dental problems of hospital emergency room patients. All involved hope it will address a critical need in the Wichita community, produce significant outcomes and reach those least able to afford dental care. For more information on this program, please contact Anne Nelson at [annenelson@projectaccess.net](mailto:annenelson@projectaccess.net) or visit the Wichita Project Access website: <http://www.projectaccess.net/>.

## GRANT OPPORTUNITIES AND AWARDS

### **Corporation for National and Community Service: Next Generation Grants**

*Deadline: November 17, 2003*

The Corporation for National and Community Service (The Corporation) is accepting applications for approximately \$4,000,000 to award Next Generation Grants. These grants provide seed money for next-generation national service organizations and are intended to help new and established organizations develop new projects and service programs that have the potential of becoming national in scope. The grants will fund innovative strategies to effectively engage volunteers in service, which result in measurable outcomes to beneficiaries and participants.

For more information, contact: Shanika Ratliff at (202) 606-5000 ext. 408 or via e-mail at [nextgeneration@cns.gov](mailto:nextgeneration@cns.gov). TDD: 202-565-2799. A technical assistance conference call for applicants will occur November 3, 2003, from

2:00 p.m. to 4:00 p.m. (ET). The dial-in number is 1-888-793-1858 and the pass code is "next generat." All potential applicants are strongly encouraged to be present on the calls. Availability is limited to the first 125 participants.

### **The American Hospital Association 2004 NOVA Award**

*Deadline: December 2, 2003*

The NOVA Award honors AHA member hospitals and health care systems for effective, collaborative programs focused on community health status - whether through health care, economic, or social initiatives. Because the award requires collaboration, organizations that partner with a hospital on a community health initiative might consider suggesting that their hospital partner apply for the award with their support. Applications and stories about previous winners can be found at:

<http://www.hospitalconnect.com/aha/awards-events/awards/novaaward.html>.

## CONFERENCES, PROGRAMS, AND OTHER NEWS

### **Volunteers in Health Care Teleworkshop**

*December 16<sup>th</sup>, 2pm EST*

The following VIH Teleworkshop, *Communicare: A Statewide Model of Care*, may be of interest to grantees. During this workshop, participants will have the opportunity to learn more about the Communicare program in South Carolina. Established in 1993, Communicare is designed to provide access to health care for the working poor of South Carolina. The Communicare delivery system brings together a referral network of more than 2,000 volunteer doctors, dentists, and nurse practitioners, along with hospitals and clinics to provide health care at no charge to Communicare patients. Additionally, Communicare has established partnerships with eight pharmaceutical companies that have agreed to donate their

products to Communicare patients in a central fill pharmacy.

If you are interested in hearing more about the Communicare model, would like advice on recruiting and retaining clinical volunteers, managing statewide networks, and approaching pharmaceutical companies for donations, this workshop is for you. Registration for this call will open in mid-November. For further information, please visit:

<http://www.volunteersinhealthcare.org/>.

### **2nd Annual Faith-Health Leadership Conference**

*November 12-14, 2003, Alexandria, VA*

HRSA and the Bureau of Primary Health Care welcome faith-based groups as valued partners. The 2nd Annual Faith-Health Leadership Conference, being held on November 12-14, 2003 at the Alexandria Hilton Mark Center

Hotel brings together health care providers, faith and other community-based leaders from across America who are working to improve and expand access to health care for millions of our fellow citizens, especially minorities and low-income groups. It creates an opportunity for the diverse group of participants to share information and ideas for creating and expanding new health center sites, linking local resources, and building coalitions. This year's 2 1/2 day conference will feature over 40 concurrent workshop sessions on topical areas such as: Primary Health Care, Capacity Building and Technical Assistance, Leadership Development, the 330 Application Process (Grant Writing), Evaluation, and Partnership Building and Collaboration. There will also be exhibits/poster sessions, a networking reception, and an evening activity to include interactive, inclusive and upbeat peer-to-peer roundtable discussions.

Register online at [www.mcfarlandwired.com](http://www.mcfarlandwired.com) or for more information contact Pamela Milan, Conference Manager, by email at: [pmilan@mcfarlandassociate.com](mailto:pmilan@mcfarlandassociate.com) or by phone at: (301) 562.5324 or 1-800-264-4684.

## Linking Scholarship to Community Concerns

Community-Campus Partnerships for Health (CCPH) has been funded by the WK Kellogg Foundation to convene a commission on Community-Engaged Scholarship in the Health Professions to take a leadership role in creating a more supportive culture and reward system for health professional faculty involved in community-based participatory research, service-learning and other forms of "community-engaged scholarship."

Many prominent national organizations, including the Institute of Medicine in its 2002 reports on the future of public health, are calling upon health professional schools and academic health centers to be more responsive to their communities. CCPH also welcomes suggestions of key articles, reports, people and programs that should be considered for this project.

Questions, comments, citations or full-text materials may be directed to program coordinator, Jen Kauper-Brown, by e-mail at [jenbr@u.washington.edu](mailto:jenbr@u.washington.edu) or by phone at (206) 543-7954. Project updates and reports will be posted on the CCPH website as they become available: <http://futurehealth.ucsf.edu/ccph/kellogg3.html>

## REPORTS AND ISSUE BRIEFS

### Exploring State Variation in Uninsurance Rates among Low-Income Workers

Using data from the 1999 National Survey of America's Families, this recent policy brief from the Urban Institute provides details of uninsurance among low-income workers in 13 states. States with relatively high rates of uninsurance among low-income workers tend to have: greater than average proportions of Hispanics (both citizens and noncitizens); workers in fair or poor health; and workers in agriculture and construction. The research did not find differences across states in uninsurance

among low-income workers by employer size. The brief reviews uninsurance rates for low-income workers across 13 states by race/ethnicity/citizenship, health status, employer size, industry, and employment status. The brief is available at: <http://www.urban.org/url.cfm?ID=310858>

### New Census Bureau Data on Health Insurance Coverage

According to recent U.S. Census Bureau Data in the report *Health Insurance Coverage in the United States: 2002*, an estimated 15.2 percent of the population had no health insurance coverage during all of 2002, up from 14.6 percent in 2001. The number of people with health insurance rose by 1.5 million between 2001 and 2002, to 242.4 million, and the number of uninsured rose by 2.4 million, to 43.6 million. The proportion of insured children did not change in 2002, remaining at 64.8 million, or 88.4 percent of all children. For the second year in a row, the overall decrease in coverage was attributed to a drop in the percentage (62.6 percent to 61.3 percent) of people covered by employment-based health insurance. The percentage of people covered by government health insurance programs rose in 2002, from 25.3 percent to 25.7 percent, largely as the result

of an increase in Medicaid coverage. The estimates in the report come from the 2001, 2002 and 2003 annual social and economic supplements to the Current Population Survey. View the full report at: <http://www.census.gov/prod/2003pubs/p60-223.pdf>

## **Data Profiles on Chronic Conditions and the Uninsured**

The Center on an Aging Society has just released the eleventh in a series of Data Profiles on chronic and disabling conditions. The Data Profile *The Decade Preceding Medicare: Insurance matters for people with chronic conditions*, demonstrates that adults with chronic conditions who are uninsured as they approach age 65 are a vulnerable population. They are less healthy and more likely to need health care services than insured adults the same age who have chronic conditions; are less likely to have a regular medical doctor; and are less likely to use

## **WEB RESOURCES**

### **HRSA Pilot Mapping Tool**

The Health Resources and Services Administration (HRSA) Pilot Mapping Tool is an easy-to-use internet mapping interface which allows users to interactively create maps that display HRSA grant awards and other data; provides applicants of HRSA's programs the ability to create maps to include in grant applications; and may assist grantees and other stakeholders in locating other potential partners (mental health, primary care resources, etc.) among other uses. The mapping tool also provides the ability to visualize multiple data layers interactively. The mapping tool is available at: <http://128.206.25.202/index.html>

### **Center for Research on Minority Health**

The Center for Research on Minority Health (CRMH) is only one of a few centers in the

preventive care and screening services. They are also more likely to use emergency rooms for medical care.

Lack of insurance coverage substantially increases the risk that individuals with chronic conditions will delay or not receive care. As a result, their conditions may become worse and more costly to treat. Uninsured adults have the highest proportion of out-of-pocket expenditures for health care, which may affect their decisions to seek and receive care. Prescription drugs are particularly costly, and uninsured adults are more likely to take fewer prescription drugs due to cost. The Data Profile is available at: <http://ihcrp.georgetown.edu/agingsociety/pubhtml/Insurance/Insurance.html>.

nation to take a holistic approach toward understanding cancer and other health-related issues facing minorities and the medically underserved and is the only Congressionally mandated center for research on minority health. The mission of the CRMH is to reduce the prevalence of cancer in ethnic minority and medically underserved populations. Through outstanding, integrated programs in patient care, research, education and prevention, CRMH also hopes to become a model for improving the health of the underserved.

Many thanks to the Houston HCAP Consortium for sharing information on the CRMH as a resource for other HCAP communities. Visit: <http://www.mdanderson.org/departments/CRMH/> to reach various resources, research and links on cancer in ethnic minority and medically underserved populations.